



City of Plymouth
 124 North Michigan Street
 Plymouth, IN 46563
 Office: 574-936-2124 * Fax: 574-936-4371

Date Received: _____

| Personal Information | | | |
|---|------------|--|---|
| Last Name | First Name | Middle Name | Today's Date |
| Street Address | City | State | Zip Code |
| Home Phone: (____) _____ - _____ | | Are you a United States Citizen or legally eligible to work in the United States? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i> | |
| Other (cell): (____) _____ - _____ | | | |
| Email Address: _____ | | | |
| Are you 18 or over? ____ Yes ____ No | | May we contact your current employer? ____ Yes ____ No | |
| Title of Position Applying For: | | Date Available to Work | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Have you been previously interviewed or employed by the City of Plymouth? ____ Yes ____ No | | | |
| If Yes, list date(s) and job title(s): _____ | | | |
| For any convictions that have not been restricted or sealed: Have you ever been convicted of a felony? ____ Yes ____ No | | | |
| Answering "Yes" does not constitute an automatic bar to employment. Such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered. If yes please explain on an additional sheet of paper. | | | |
| Driving is required of virtually every employees of the city of Plymouth, and as such we complete a driving record check. | | | |
| In the last 5 years have you received a citation for a moving violation, an at-fault accident, or been convicted of a DUI/DWI? ____ Yes ____ No If yes please explain on an additional sheet of paper. | | | |
| Do you have any relatives currently working for the City of Plymouth? ____ Yes ____ No | | | |
| If Yes, list names and relationship to you: _____ | | | |

| Education | | | |
|-----------------------------------|-------------------|---------------------|----------------|
| Name and Location | # Years Completed | Major Area of Study | Degree/Diploma |
| High School | | | |
| College – Undergraduate | | | |
| Graduate School | | | |
| Technical or Certificate Programs | | | |

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

| | | |
|-----------------------|---------------------|-----------|
| Employer: | Start Date: | End Date: |
| Address: | Telephone: | |
| Job Title and Duties: | | |
| Salary: | Reason for Leaving: | |
| Employer: | Start Date: | End Date: |
| Address: | Telephone: | |
| Job Title and Duties: | | |
| Salary: | Reason for Leaving: | |
| Employer: | Start Date: | End Date: |
| Address: | Telephone: | |
| Job Title and Duties: | | |
| Salary: | Reason for Leaving: | |

References Provide 3 individuals who do not live with you, are not related to you, and you have known at least 3 years:

| Name | Phone # | Relationship/Occupation | Years Known |
|------|---------|-------------------------|-------------|
| | | | |
| | | | |
| | | | |

Please read carefully before signing. The City of Plymouth is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws.

I understand that neither the completion of this application nor any other part of my consideration for employment including any interviews or statements made therein establishes any obligation to hire me. If I am hired, I understand that either the City of Plymouth or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the City has the authority to make any assurance to the contrary.

I authorize the employer, its representatives, employees, or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions provided for employment reference checks and to otherwise verify the accuracy of all information provided by me. I hereby waive all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking gathering and using such information in the employment process and all other persons corporations or organizations for furnishing such information about me.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. If any information I have provided is false, incomplete, has been misrepresented or concealed, I understand that this will constitute cause for the denial of employment or immediate dismissal regardless of the date of discovery.

Signature of Applicant _____ Date _____